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special reports-2

children's boston

Strategy for the 70's

Nothing remains constant. This seems particularly true in the area of health care today. Medical and surgical techniques, public needs, and attitudes are continually reshaping the way medicine is practiced and medical care delivered. To remain abreast—or ahead—of the needs and demands requires periodic evaluation and frequent shifting of sights. In the following interview William W. Wolbach, President of Children's, and Dr. Leonard W. Cronkhite, Jr., the medical center's Executive Vice President, and chief executive officer, discuss Children's today and tomorrow.

INTERVIEWER: During the past 10 years Children's appears to have been playing a multi-sided role—pediatrician to children in the core city, referral center for difficult cases from hospitals throughout New England, and super-specialist for "impossible" cases from all over the country and world. Will this continue to be the medical center's direction?

MR. WOLBACH: To a certain extent, yes. Ten years ago, it was obvious no one else around here could handle the referral center responsibility as well as Children's could. This is because of the individual talents of our staff. And this was true also, regarding our role as an international referral center. The same situation prevails, by-and-large, and will continue into the foreseeable future. On the other hand, as far as Children's being "the pediatrician to children in the core city," this condition has changed greatly, and Dr. Cronkhite can speak to this point.

DR. CRONKHITE: There's no question about it. The medical profession has addressed itself to this problem, and done so extremely well. Today there are 29 family health centers in Boston offering pediatric care, and most of them have earned the acceptance of the public. Too, other hospitals in the city have increased their services to the core population. This all means the use of Children's by residents of the core city is undergoing a change in character. I am not saying we will be abandoning the core city residents. To the contrary, our outpatient facilities will be used to back-up many of the family health centers by making specialized ambulatory care available.

INTERVIEWER: What does all this mean for Children's in the future?

DR. CRONKHITE: It means a change in sights. Children's will become more than ever a regional resource.

MR. WOLBACH: It is absolutely essential we recognize the changes to which we must respond. These include not only expansion of other facilities in the city, to which Dr. Cronkhite referred, but changes in population needs, changes in governmental approaches, and changes in our own capabilities and requirements.

INTERVIEWER: Can you be more specific? How will Children's change?

DR. CRONKHITE: Well, as we've already mentioned, the neighboring population is going to be less dependant upon us. This lets us give greater attention to the regional and international resource roles, and we have four major programs of importance in this respect. One already well under way is the Regional Infant Cardiac Program which Dr. Nadas and Dr. Fyler from the Cardiology Department set up; a network of centers to which practically every newborn in New England with congenital cardiac problems is referred within days after birth. Children's is the administrative center for this program, and also the prime referral center for the most difficult cases.

Second, Dr. John Hall, an outstanding orthopedic surgeon, with an international reputation, has joined the staff of Children's and we already are seeing the result of his practice specialty, with children from all over the country who have scoliosis being scheduled for corrective surgery here.

We're about to obtain a new urologist, and the demands for a top-notch person of this specialty are great in New England. Fourthly, Children's is in the process of applying for funds to establish a center concerning itself with disorders of the face, jaw and skull. In this center the expertise already demonstrated by our staff in correcting these disorders will be made more broadly available to children disfigured by birth defects, accidents, and the like.

INTERVIEWER: Won't these programs put a strain on Children's facilities? Does the medical center have the capacity for them?

MR. WOLBACH: No, it doesn't. We won't need new beds, but we are going to need new operating rooms. Expanded supportive facilities and equipment. There is a great sense of urgency. The men Dr. Cronkhite has talked about just won't be able to do their work without these added facilities.

INTERVIEWER: What are the plans, then?

DR. CRONKHITE: During the next six months, we'll be reviewing the need for new operating rooms, expanded recovery rooms, enlarged radiology facilities, and the other supportive areas. In my opinion, these four programs we've discussed probably will demand the creation of the facilities Mr. Wolbach just mentioned.

INTERVIEWER: Should there be any concern about the character of Children's being changed by these developments?

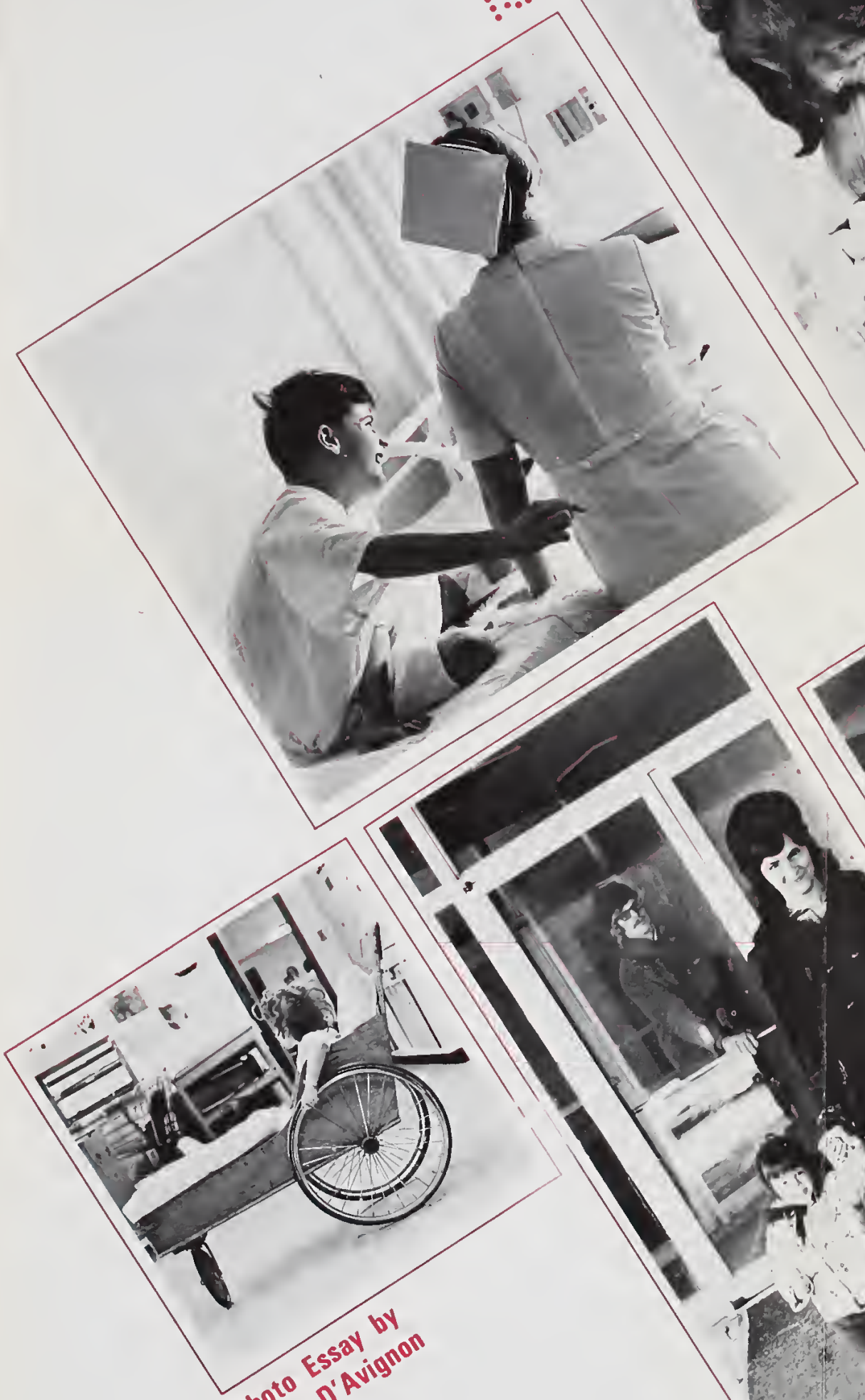
DR. CRONKHITE: Concern? No, but change, yes. To an ever-increasing extent the larger community hospitals are becoming capable of handling cases and performing procedures which eight or ten years ago could only be done at a place like Children's.

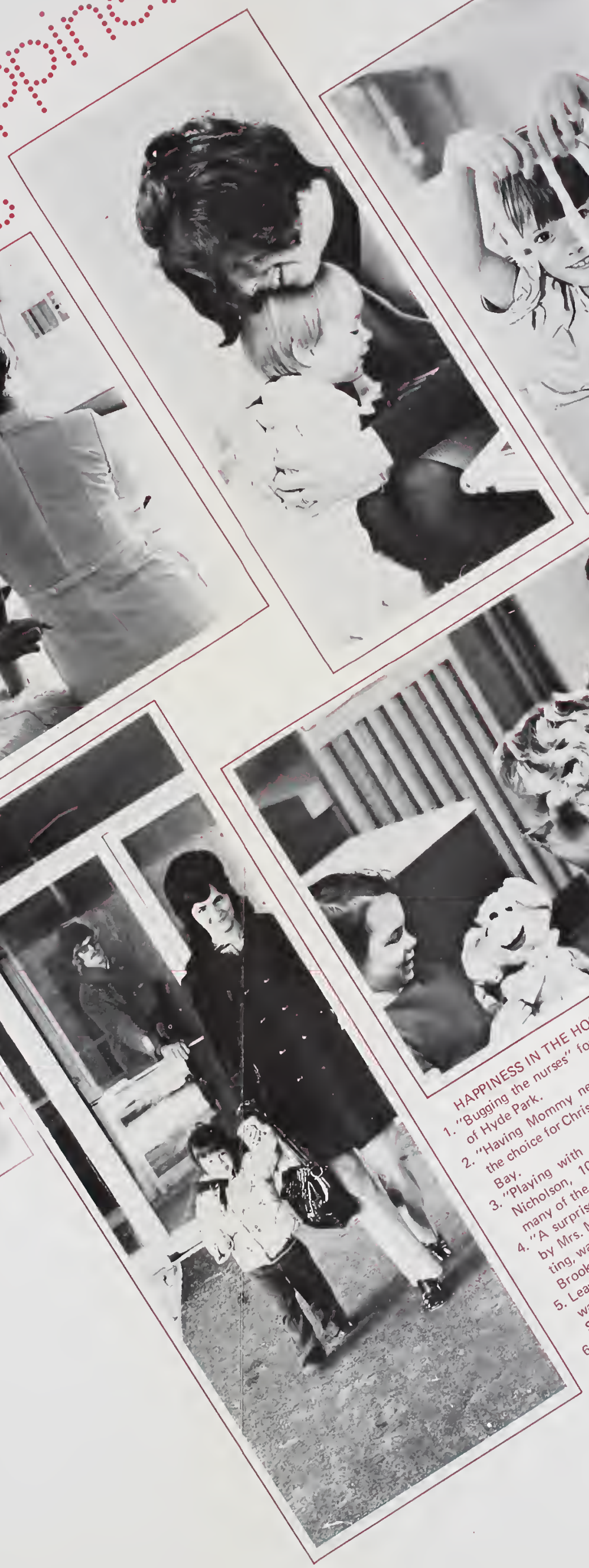
With all that's happening in the health care field, including the apparently serious move towards regionalization, we think it unrealistic for Children's five or ten years from now to be a *general* hospital for children. Instead, we see it as being a highly specialized hospital to which children with problems that cannot be handled well elsewhere in the region will be referred.

This will mean, of course, that our patients will be sicker, the demands upon all of our people will be greater, and we will have to heighten our technical proficiencies.

In short, then, the character of Children's will change, as the institution itself changes to meet the needs of the times.

Happiness is





HAPPINESS IN THE HOSPITAL IS:

1. "Bugging the nurses" for Joseph Nee, 12, of Hyde Park.
2. "Having Mommy nearby" was obviously the choice for Chris Crowell,2, of Buzzards Bay.
3. "Playing with play-dough" for Carolyn Nicholson, 10, of Roxbury, as well as many of the children we asked.
4. "A surprise stuffed animal" given to her by Mrs. Mary Sullivan, Director of Admitting, was happiness for Linda Keyho, 4, of Brookline.
5. Leaving the hospital and "going home" was named by many including Debra Sprague of Roslindale.
6. "Riding in the go-carts" for Mary Cooney, 5, of Foxboro.

Photo Essay by Tania D'Avignon

THE TREASURER'S TORCH IS PASSED

An era has passed at The Children's Hospital Medical Center.

After 19 years as Treasurer of Children's F. Murray Forbes, Jr., former Navy intelligence officer, Cambridge hockey player, Boston lawyer, and dear friend of sick children, has relinquished the financial reins of the medical center.

During his almost two decades as overseer of Children's finances, Mr. Forbes has seen the institution develop from a loose confederation of independent agencies to a tightly knit center with concern for all aspects of child health and development. He has been a part not only in this development, but in the physical growth of Children's as well, and is generally credited with the distinction of having generated more gifts and bequests to the medical center from individuals than any other trustee, past or present.

Success is no stranger to Murray Forbes. Not that it has come easily, but it has come to him, none-the-less. Success, obviously, as a fund raiser for Children's. Success in a legal career. Success, even, at Cambridge, England, as a hockey player, where every game in which he played (and in which he was an early advocate of the "slap shot") was a victory for his team.

But Murray Forbes has earned a success more important than any of these: the respect, admiration, friendship of scores upon scores of people from all walks of life. And "earned" is the correct word for it.

Earned by his warmth, modesty, gentleness, humor, quiet effectiveness, and great spirit of helpfulness.

Don't be misled, however. This man of poise and quiet dignity is not an angel, nor does he pretend to be. Here and there throughout an investigation of the man pop up anecdotes to dispell any claims of sainthood one might make in his behalf: anecdotes such as his occasional habit of "borrowing" his father's car as a youth—without his father's agreement or even knowledge—to take in a dance or other social event. Anecdotes such as his long-standing habit of stealing away from business every Wednesday afternoon to play tennis, and of his muttered self-comments when, inevitably, the microphone fails as he is about to deliver the treasurer's report at the annual Board of Trustees meetings.

There are those who would argue the point, in spite of the evidence. The clerical personnel at Children's corporate offices, for instance, who have seen Mr. Forbes during his 19-year tour of duty. Hardly ever has he failed to greet each by name and with a warm personal comment on his almost daily visits to the office to sign papers, advise on procedures, or handle other business of the Treasurer. Mr. Forbes' image is untarnished, too, with those responsible for the myriad number of teas, luncheons, graduations and other internal social gatherings with which a hospital becomes involved. Whenever Trustee participation in the event has been requested, Mr. Forbes has been available, whether to participate on the program or merely "show the flag."

In a more literal sense, Mr. Forbes "showed the flag" during his World War II tour of duty as an officer in the U.S. Navy. For a number of months he was assigned as a United States representative with the British Naval Intelligence in London, a city he loves and visits often.

The retiring Children's Treasurer a trim, youthful 67, might easily be mistaken for an Englishman, and indeed his heritage is Scotch. Conservative in manner and dress (he likes, and looks well in, tweeds), he speaks quietly, but with an air of conviction and authority. He belongs to Boston's Tavern Club and the Savile Club in London, is active in both the national and local organizations of the English Speaking Union, and is a vestryman at King's Chapel. A Scot to the very core? Not at all. Some mistake him for Irish, and there is in fact Irish blood in his geneology, which shows through in his ability to easily dispense with formality, his wit, the occasional mischievious twinkle in his eye, and his interest in, and presidency of, the Massachusetts Charitable Irish Society.

In his youth, Mr. Forbes lived in Wellesley, cutting a somewhat dashing figure in his father's "Tin Lizzie," it is recalled. Today he owns a home in Manchester, over-looking Massachusetts Bay, and keeps a modest apartment in Boston. In spite of his love for travel, there is no place quite like Boston; the old Boston, that is, which he sees reflected in the facade of the Parker House each evening as he leaves his office at the law firm of Welch & Forbes across the street.

The New Boston holds a fascination, as well, for Murray Forbes. Although his thoughts on the cloud-reaching architecture are not recorded (and one might assume the sterility of such structures could offend), he views Boston as a place of importance and opportunity, with The Children's Hospital Medical Center holding a position of great potential therein. In a sense, he reflects the attitude of his father before him, and in becoming a Vice President on Children's Board of Trustees, follows in his footsteps. Both men recognized the greatness of Children's early on, and the elder Mr. Forbes, no less than his son, was quietly instrumental in helping the then young hospital start its climb towards becoming a medical center of international repute.

During his stint as Children's Treasurer, Mr. Forbes had continued confidence in the future of the institution. Whether the year's financial report has been good or bad, his optimism—tempered with reality—has persisted. This past year, for example, when the hospital suffered a loss before depreciation of $1.1 million, Mr. Forbes was quick to recognize the loss was largely due to non-controllable circumstances, including not only escalating salaries, fringe benefits, and costs of supplies and services, but also the state of the national economy.

As the medical center struggles with the many problems affecting its financial position, tightening its belt by trimming staffing patterns and holding down on unessential new programs, Mr. Forbes and his fellow Trustees are stepping up their individual efforts to face the monumental challenges of the early 70's. And Murray Forbes is confident that persistant effort will prevail. Children's, he firmly believes, is too important to children of the land for things to be otherwise.

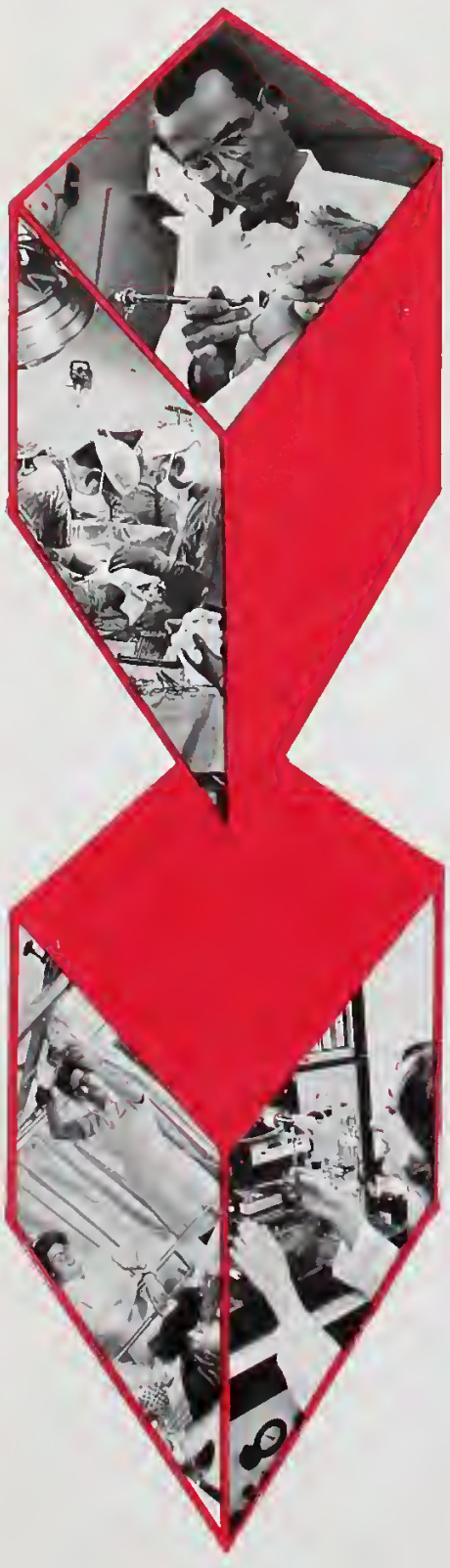
THE CHILDRENS HOSPITAL MEDICAL CENTER
STATEMENT OF OPERATIONS
YEARS ENDING SEPTEMBER 30, 1970 AND 1971

	1971	1970
REVENUE:		
Inpatient	$17,810,000	$15,712,000
Outpatient	5,202,000	4,912,000
Research	8,890,000	6,951,000
Investment	968,000	1,070,000
Other	2,940,000	2,607,000
Gross Revenue	$35,810,000	$31,252,000
Less: Free Care and Adjustments	1,028,000	784,000
Net Revenue	$34,782,000	$30,468,000
EXPENSES:		
Patient Care		
Salaries	$18,185,000	$15,715,000
Other	8,846,000	7,771,000
Total Patient Care	$27,031,000	$23,486,000
Research		
Salaries	$ 4,749,000	$ 4,041,000
Other	4,141,000	2,910,000
Total Research	$ 8,890,000	$ 6,951,000
Total Expenses	$35,921,000	$30,437,000
Gain (Loss) from Operations	$(1,139,000)	$ 31,000
Unrestricted Bequests	1,237,000	933,000
Net Gain (Loss) before Depreciation	$ 98,000	$ 964,000
Depreciation	1,516,000	1,044,000
Total Gain (Loss) from Operations	$(1,418,000)	$(80,000)
(Loss) from Residential Complex	$(619,000)	$(602,000)
Total Gain (Loss) Charged to General Funds	$(2,037,000)	$(682,000)

DRAMA— A PART OF RESEARCH, PATIENT CARE

Drama in a hospital. Sterile white walls. Gowned actors. Glistening instruments on a tray. Dials and tubes and bouncing electronic blips. In the center of all this, a mound on a table, heavily draped and to the casual observer, at least indefinable as a human being about to receive the benefits of modern medicine.

This is drama; of perhaps the highest order. The moment of truth, often, in man's struggle against his oldest and ultimate enemy. Drama that has been played out more than 6800 times at The Children's Hospital Medical Center during the days—and nights—between October 1, 1970 and September 30, 1971; and is continuing even as you read these words.



The drama was heightened a number of times during those 365 days and nights; intensified because the doctors and nurses at Children's more than once were challenging the enemy *successfully* for the first time within these walls. Kidney transplantation, bone marrow transplantation, portacaval shunt for glycogen storage disease, extensive cranio-facial surgery. These are the *names* of surgical procedures newly tried at Children's during the year on which we report. To the surgeons and physicians and others in the world of human repair, the names are important. To the rest of us, the names mean little; the salvaging of young lives is the significance of the matter.

The story of drama really begins in the far reaches of the hospital; in the research laboratories where the treatment or the procedure evolves from a thought in the mind of a man or a woman. A thought; pursued and pondered, modified, tested, until, all of a sudden—or was it really months or years?—it has crystallized and become a reality, a tool to be passed from the researcher to the clinician.

Children's had its share of thought-crystallization in this year under review. In a number of instances, the reality created in the laboratory bears little significance to anything we can easily comprehend. In the Department of Neurology, for example, mild brain edema has been produced by experimental seizures, and then prevented by the drug dexamethasone. The importance may escape us, but to the researcher it represents a possible lead in the understanding and prevention of some causes of mental retardation in the seizure patient. Similarly, a finding in the same laboratory that cerebrospinal fluid production is linked to body temperature suggests to the informed a possible method of preventing an occasional complication in some children with inactive hydrocephalus.

Happily for those of us with an interest in research at Children's, but without the scientific acumen to comprehend all the implications, several advances more readily appreciable have been reported. One is a vaccine developed in the Department of Infectious Diseases laboratory which it is hoped will make children immune to H-Flu meningitis, is now undergoing extensive field trials.

Also in the trial stage, with laboratory animals, are chemical compounds developed in the Cell Biology Laboratory which could have an impact upon the lives of diabetics everywhere. Scientists in the laboratory have discovered the mechanism that causes many diabetics to develop cataracts in their eyes and to have their peripheral nervous system affected. Compounds believed to block the formation of substances which lead to these complications have been developed, and if successful may become an adjunct to insulin in diabetes therapy.

Surgical research was concerned, among other things, with transplantation—of kidneys and of bone marrow. In both instances, procedures developed in the labs were applied to patients, with heartening results.

The awarding of grants to an institution is indicative of the esteem in which that institution's people are held. Private foundations, including The John A. Hartford Foundation, Inc., the Charles H. Hood Foundation, and the United Cerebral Palsy Research and Educational Foundation generously awarded grants to Children's investigators for studies that are likely to have far-reaching results; such as one on bone calcification (which it is hoped will ultimately aid those with rickets, arthritis and other skeletal diseases), and another dealing with replacing damaged joints with healthy ones.

Numerous government grants from the National Institutes of Health, the Department of Health, Education and Welfare, and other agencies, totalled almost $9,000,000 last year. Two, for almost half a million dollars each, were for research into the genetic structure of the human cell, and for establishment of a regional training program for scientific professionals in the mental retardation field. Another is financing an attempt to make a biochemical correction of the blood of children with Down's Syndrome (commonly known as mongolism) which, it is hoped, will result in improvement of their movement ability, speech, and mental and social development.

While the above few paragraphs only skim the surface of research "news" last year at Children's, they do hint at the *extensiveness* of the effort. But what of the *effectiveness?*

The temptation to flood the page with statistics is strong. The life span of children with cystic fibrosis is lengthening. The mortality rate of children with heart defects who undergo surgery—either corrective or palliative—is decreasing. The medical center has started its long-studied program of kidney transplantation, with eight apparently successful procedures performed during the year.

Selected specific clinical advances perhaps make the point better that some research accomplishments flow easily from the laboratory into the operating room or to the patients' bedsides; such as Children's pioneering efforts in bone marrow transplants, a procedure for coping with immunologic deficiency diseases and leukemia. A number of such transplants were performed during the year, and today the procedure—which fewer than 12 months ago was considered a research effort—now can be labelled an accepted clinical treatment.

The full potential for another process which moved out of the laboratories to the patient care areas is yet to be realized, but, in the cautious words of the medical world, "is promising." This is hyperalimentation, a procedure originated elsewhere but perfected at Children's. Commonly called "The Lifeline," it is a method of high caloric intravenous feeding, which has been used at Children's to keep more than 100 infants alive who had undergone surgery for stomach and intestinal defects. This alone is a noteworthy accomplishment, but obviously not noteworthy enough for the medical center's staff to let it rest there. During last summer, a surgical team modified the usual Lifeline procedure slightly and utilized it on two patients with glycogen storage disease to overcome vast problems which previously had made surgical correction hazardous.

Never being satisfied with progress as it stands appears to be a way of life with Children's medical staff. A case in point is the expanding area, at Children's, of cranio-facial surgery. A plastic surgeon and an orthodontist have collaborated several hundred times in reconstruction of various deformities of children's heads and faces. As a result of their experience, interest and skill, Children's seems well on the way to becoming a regional center for reconstructive surgery of this kind.

This expansion of interest and capability seems to be reaching almost epidemic proportions at Children's. The steadily growing Department of Ophthalmology, for instance, has broadened its clinical capabilities to the point where it is performing procedures formerly referred to a hospital specializing in ophthalmology. The department also is getting deeper into research and beginning to participate in diagnosis "through the eye" of a number of non-ocular disease entities.

The subject of *research* in the Department of Orthopedic Surgery has already been touched upon, but action is measureable in the *clinical* area, as well, particularly having to do with corrective surgery for scoliosis, or curvature of the spine. And even in the medical center's front line trenches—the Emergency Room—new activities are seen; a pediatric nurse practitioner relieving the medical staff of duties formerly carried out by a doctor, an aggressive health education program, a budding lead poison screening effort.

These things—research, the clinical application of new techniques and tools—are the ingredients of drama in the hospital. The intense conflict of forces, the continual struggle often against overwhelming odds, the massive concentration of talent focussing down upon the still figure of a tiny child. These things are Children's in 1972.

NEWS IN BRIEF

DR. ELEY HONORED

The first R. Cannon Eley Lecture, named for the late physician who was Consultant in Medicine and staff member at CHMC for 36 years, has been established, with Dr. Robert Gross, Cardiovascular Surgeon-in-Chief, delivering the first lecture. A distinguished physician will give the Lecture each year within the framework of the Annual Postgraduate Course in Pediatrics at CHMC. Postgraduate Education was important to Dr. Eley who was Director of Postgraduate Medical Education at CHMC.

WOMEN'S COMMITTEE DONATES $61,000 TO CHMC

The Women's Committee has donated more than $61,000 to the Hospital to be used for the CHMC Building Fund, the Hospital greenhouse, the Nursing School Scholarship fund, and the Department of Cardiology for the Catheterization Lab.

DOCTORS, DIRECTOR, HONORED

Dr. Harry Shwachman has been tended "An Evening of Tribute" by 450 guests who contributed more than $11,000 for use in his work on Cystic Fibrosis.

Dr. Charles Janeway, Physician-in-Chief, has been given the Child Health Award by a committee of distinguished pediatric leaders. A Charles H. Hood Foundation grant of $250,000 was awarded Dr. Janeway to be used towards one or more child health projects. The grant also provides Dr. Janeway with a personal honorarium.

Mrs. Mary Sullivan, Director of Admitting, was given the WEZE Community Service Award. The award is presented in recognition of outstanding and meritorious service to the community.

NEW TREASURER AND ASSISTANT TO PRESIDENT ELECTED

Nine new trustees and a new treasurer were elected by the Board of Trustees of CHMC at the end of the year. Malcolm Hecht, Jr. was elected Treasurer of the Medical Center, to succeed F. Murray Forbes, Jr. who was elected a Vice President. Page B. Pratt, a new trustee, was elected to the position Assistant to the President. Other new trustees elected were: Mrs. E. Lorraine Baugh, R.N., Mattapan; James M. Fitzgibbons, South Duxbury; Robert M. P. Kennard, Newton Center; Frank E. Morris, Dover; Irving Perlmutter, Newton; Joseph W. Powell, Jr., Chestnut Hill; Mrs. George Sherman, Boston; and Sidney Stoneman, Boston.

EMERGENCY SERVICES DEDICATED TO BROOKLINE COUPLE

Through the generosity of the late George Sherman and Mrs. Sherman, Children's has reorganized and completely remodeled both the medical and surgical emergency areas.

THE CHILDREN'S HOSPITAL MEDICAL CENTER

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